

Document Processing Desk – 6(a)(2)
Office of Pesticide Programs (7504P)
U.S. EPA, Room S4900
One Potomac Yard
2777 S. Crystal Drive
Arlington, VA 22202

Lonza, LLC
412 Mount Kemble Avenue, Suite 200-S
Morristown NJ, 07960

Desiree Valentin
Product Safety Specialist
Regulatory Compliance - Americas
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Attention: 6(a)(2) Dept.

November 12 ,2020

Submission of Incident Report – FIFRA 6(a)(2) H-C (Moderate Human)

Dear 6(a)(2) Dept,

This letter is being submitted pursuant to Section 6(a)(2) of the Federal Insecticide, Fungicide, and Rodenticide Act effective August 17, 1998.

The following incident reports are included in this submission:

Ticket Number	EPA Reg. No.
Lonza111120	75506-12

Incident is U.S. Based.

If you have any questions, please call me at 201-316-9279.

Best regards
Lonza, LLC



Desiree Valentin
Product Safety Specialist
Regulatory Compliance - Americas

Voluntary Industry Reporting Form for 6(a)(2) Adverse Effects Incident Information

Provide all known, required information. If required data field information is unknown, designate as such in appropriate area. Page# of

Row 1	Reporter Name Desiree Valentin	Submission date. 11/xx/2020	Contact person (if different than reporter)	Internal ID Lonza111120
Administrative Data	Address Arch Treatment Technologies, Inc. 3941 Bonsal Road Conley, GA 30288		Address	
	Phone # 201-316-9279		Phone #	
	Incident Status: New <input checked="" type="checkbox"/> Update <input type="checkbox"/> If update, include date of original submission.	Location and date of incident. (City, County, State) McIntosh, AL	Date registrant became aware of incident. 09/02/2020	Was incident part of larger study? Y <input type="checkbox"/> N <input checked="" type="checkbox"/> U <input type="checkbox"/>
Row 2	EPA Registration # (Product 1) 75506-12	EPA Registration # (Product 2)	EPA Registration # (Product 3)	
Pesticide(s) Involved	A.I. (s) • BASIC COPPER CARBONATE* • Tebuconazole • Propiconazole	A.I. (s)	A.I. (s)	
	Product 1 name Wolman® E (μCA-C)	Product 2 Name	Product 3 Name	
	Exposed to concentrate prior to dilution? Y N <input checked="" type="checkbox"/> U NA	Exposed to concentrate prior to dilution? Y N U NA	Exposed to concentrate prior to dilution? Y N U NA	
	Formulation	Formulation	Formulation	
Row 3	Evidence label directions were not followed? Yes___No___U <input checked="" type="checkbox"/> Intentional misuse___	Incident site: (examples include home, yard, school, industrial, nursery/greenhouse, surface water, commercial turf, building/office, forest/ woods, agricultural (specify crop) right-of-way (rail, utility, highway)). Home	Situation (act of using product): (examples include mixing/loading, reentry, application, transportation, repair/ maintenance of application equipment, manufacturing/ formulating). n/a	
Incident Circumstances	Applicator certified PCO? Yes___No_ <input checked="" type="checkbox"/> U___			
	How exposed: (examples include direct contact with treated surface, ingestion, spill, drift, runoff)	Exposed to substance transferred from lumber to his clothing.		

Personal privacy information

Voluntary Industry Reporting Form for 6(a)(2) Incident Information Involving Humans

Provide all known, required information. If required data field information is unknown, designate as such in appropriate area. Page# of

Demographic information: Age <input type="text"/> Sex <u>M</u> Occupation (if relevant) n/a	Exposure route: Skin <u>X</u> Eye <input type="text"/> Oral <input type="text"/> Respiratory <input type="text"/> Unknown <input type="text"/> Other:	Was adverse effect result of suicide/homicide or attempted suicide/homicide? NO	Was protective clothing worn (specify)? n/a
If female, pregnant? Yes <input type="text"/> No <input type="text"/> Unknown <input type="text"/>	Was exposure occupational? Yes <input type="text"/> No <u>X</u> Unknown <input type="text"/> If yes, days lost due to illness:	Time between exposure and onset of symptoms: < 24 hours	
Type of medical care sought: (examples include none, clinic, hospital emergency department, private physician, PCC, hospital inpatient). • Hospital In-patient	List signs/symptoms/adverse effects <ul style="list-style-type: none"> itching 1st degree burns 2nd degree burns 3rd degree burns 		If lab tests were performed, list test names and results (If available, submit reports) N/A
Exposure data:na Amount of pesticide:na Exposure duration:na Victim weight: ___lb ___kg ___unknown			
Human severity category <u>HC</u>			

This box can be used to provide any explanatory or qualifying information surrounding the incident. (add additional pages if necessary)

Summary:

Personal privacy information

Mr. stated that on Aug 28, he was at Mr. ' house. According to Mr. , Mr. had purchased lumber from Ace Hardware and it was stacked on a trailer. Mr. alleges that the lumber looked dark green, appeared to be wet and was "slick". Mr. claims that he removed his shirt and placed it on the lumber. He also claims that Mr. and Mr. spoke for about an hour and then Mr. removed his shirt from the stack of lumber and put it back on. Mr. stated that he returned home and hours later, took a bath. He stated that is when he noticed itching. He said he did not think too much of it and thought it would go away. According to Mr. , the next morning his itching was worse. He went to the doctor at Jackson Hospital; however they were unable to treat him and referred him to Providence hospital, where, he states, he received shots. Mr. stated that he later went back for more treatment at Providence and they then referred him to the University of South Alabama hospital burn center. He stated that he was treated there by "scraping" the dead skin off his arm, was given pain medicine and eyedrops, and was admitted to University of South Alabama hospital for two days with 1st, 2nd, and 3rd degree burns. Mr. stated that he returned for additional treatment on September 9, 2020. According to Mr. exposure was to skin (arms, back) and eyelids. Mr. said that he is unsure of what the wood was treated with but a "" (from Ace Hardware) gave him some "paperwork", which according to Mr. indicated what the treatment chemical was. Mr. stated that he provided that paperwork to his doctors.

Internal ID #
Lonza111120